



BEDFORD BOARD OF HEALTH

12 Mudge Way, Bedford MA 01730
781-275-6507

Tobacco Sales Permit Application - \$100 permit fee

General Information

Date: _____ MA Dept. of Revenue Tobacco License #: _____

Business Name: _____

Address: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Owner/Operator: _____ New Owner: Yes ☐ No ☐

Address: _____ Phone: () _____ - _____

Type of Establishment

Gas Station Only _____ Gas Station/Mini Mart _____ Package Store _____ Pharmacy _____

Food Service _____ Retail Food Service _____ Mobile Food Service _____

Retail _____ Lounge/Bar _____ Hotel/Motel _____ Other _____

If corporation or partnership, include Name, Title, Address and Phone # of Partners

Name	Title	Home Address/Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Incorporation

Name and address of local agent

Signature

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

Signature of Individual or Corporate Officer

SS# or FID#

For Board of Health Use Only

Date Received:

Date Inspected:

Approved By:

Permit #